


Please type a plus sign (+) inside this box → 

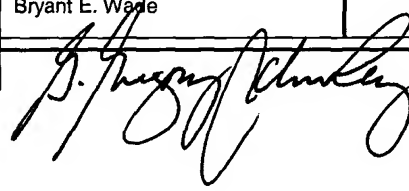
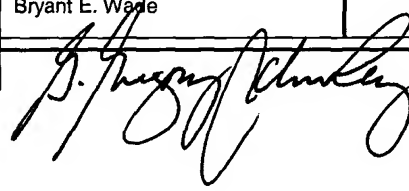
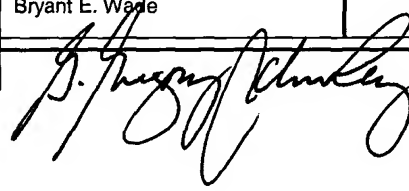
PTO/SB/05 (05-03)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 9319S-000334/DVA	
		First Inventor SAKATA	
		Title VIBRATING REED, VIBRATOR, OSCILLATOR, AND ELECTRONIC DEVICE	
(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))		Express Mail Label No. EL 623 312 246 US	

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																								
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>22</u>] <i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none">- Descriptive title of the Invention <input checked="" type="checkbox"/> Specification filed in English- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>15</u>]</p> <p>5. Oath or Declaration [Total Pages <u>4</u>]</p> <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paperc. <input type="checkbox"/> Statements verifying identity of above copies <p style="text-align: center;">ACCOMPANYING APPLICATIONS PARTS</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Request and Non Publication under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: <u>HDP 1449 Form</u></p>																								
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)</p> <p>Prior application information: Examiner <u>Minh Nguyen</u> of prior application No: <u>10 / 087,606</u> Group / Art Unit: <u>2816</u></p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																									
17. CORRESPONDENCE ADDRESS																									
<p><input checked="" type="checkbox"/> Customer Number or Bar Code Label 27572 or <input type="checkbox"/> Correspondence address below</p> <p style="text-align: center; font-size: 0.8em;">(Insert Customer No. or Attach bar code label here)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%;">Name</td><td colspan="5">Harness, Dickey & Pierce, P.L.C.</td></tr><tr><td>Address</td><td colspan="5">P.O. Box 828</td></tr><tr><td>City</td><td>Bloomfield Hills</td><td>State</td><td>MI</td><td>Zip Code</td><td>48303</td></tr><tr><td>Country</td><td>United States of America</td><td>Telephone</td><td>248-641-1600</td><td>Fax</td><td>248-641-0270</td></tr></table>		Name	Harness, Dickey & Pierce, P.L.C.					Address	P.O. Box 828					City	Bloomfield Hills	State	MI	Zip Code	48303	Country	United States of America	Telephone	248-641-1600	Fax	248-641-0270
Name	Harness, Dickey & Pierce, P.L.C.																								
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Country	United States of America	Telephone	248-641-1600	Fax	248-641-0270																				
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%;">Name (Print/Type)</td><td style="width: 25%;">G. Gregory Schivley/ Bryant E. Wade</td><td style="width: 25%;">Registration No. (Attorney/Agent)</td><td style="width: 25%;">27,382/40,344</td></tr><tr><td>Signature</td><td colspan="2" style="text-align: center;"></td><td>Date September <u>26</u>, 2003</td></tr></table>		Name (Print/Type)	G. Gregory Schivley/ Bryant E. Wade	Registration No. (Attorney/Agent)	27,382/40,344	Signature			Date September <u>26</u> , 2003																
Name (Print/Type)	G. Gregory Schivley/ Bryant E. Wade	Registration No. (Attorney/Agent)	27,382/40,344																						
Signature			Date September <u>26</u> , 2003																						

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 750

Complete if Known

Application Number	Unassigned
Filing Date	Concurrently Herewith
First Named Inventor	SAKATA
Examiner Name	NGUYEN, Minh T.
Group / Art Unit	2816
Attorney Docket No.	9319S-000334/DVA

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number 08-0750

Deposit Account Name Harness, Dickey & Pierce, P.L.C.

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	750
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$) 750

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
2	-20 **	0	18
2	-3 **	0	84
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	G. Gregory Schivley/ Bryant E. Wade	Registration No. Attorney/Agent	27,382/40,344	Telephone	(248) 641-1600
Signature				Date	September 26, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.